

Development Services 142 N. Ohio St. Celina, TX 75009 (972) 200-3621 permits@celina-tx.gov

Food Establishment Permit Application

<u>Type of Establishment</u>
Restaurant - \$350Grocery Store (Major) - \$600Grocery Store (Minor) - \$250Convenience Store - \$350
Day Care - \$350 Private School - \$350 Seasonal Food Est \$150 Limited Food Est \$100
Project Type: Check ALL that apply
New Food EstRemodelPurchase of Vacant Food EstChange of Ownership
Change of MenuChange of Establishment Name Only (No menu or ownership change)
Establishment Name:(NAME OF ESTABLISHMENT LOCATED IN CELINA)
Physical Address: City: Celina State: TX Zip: 75009_
Contact Name:
Telephone: Main: Email: Email:
Owner – Individual(s) or Corporation:
Address: City: State: Zip:
Contact Name:
Telephone: Main: Email:
Incomplete applications will not be reviewed or approved. For a complete list of required submittals, please see the "FOOD ESTABLISHMENT PERMIT & PLAN SUBMITTAL REQUIREMENTS" document. If you have any questions regarding Permitting and/or submittal process, please contact the City of Celina Health Department at: (972) 200-3621 or bkoliba@celina-tx.gov
I (applicant) acknowledge that I have read and understand this Application and Guidelines document. I hereby certify all information in this application, and any required addendums or attached documents, are true to the best of the applicant's knowledge and belief. I acknowledge the permit applied for is subject to revocation or suspension if the Establishment fails to comply with applicable City of Celina Ordinances and/or State of Texas Laws. Permit is non-transferrable, and expires December 31 of year of issuance. Permit is subject to late fees if renewal fees are received after expiration date.
APPLICANT NAME(Print): APPLICANT SIGNATURE: DATE: